

and upon which corpse the sun and moon have shone but once.

Cut into slices, sprinkle with myrrh and aloes, macerate in strong wine, add musk to fragrance. Allow this mixture to digest for one month in a water bath at a very low temperature, stirring once daily.

It certainly did not behoove a red-head to be a criminal during a plague epidemic.

A CHINESE HERBALIST PRESCRIPTION

One is apt to accept these prescriptions as evidence of abysmal ignorance, of a barbaric order, and smile with superior sophistication at the erudition of our present day; but merely as a comparison I should like to cite a prescription used by a very famous Chinese herbalist within very recent time, and taken by a great many people of supposedly modern enlightenment and education. It is really worthy of comparison. It was one of those "good for what ails you."

R. Dried lizards
Saffron
Rubber bark
Peppermint
Gamboge
Licorice
Beans—black (a peculiar type)
Dried locusts
Water bugs
Silk worms
Pith of a Chinese tea
Slippery elm bark.

A small handful
of each boiled
in one quart of
water until one
pint remains.

Sig.—A tablespoonful to be taken t. i. d. p. c.

But to leave prescriptions, and return to the actual pharmacy again: although there was no sandwich counter, nor cigar and cigarette department, there was a considerable portion of space devoted to milady's toilette. Cosmetics were even then a large part of the stock in trade, and a thriving business done in aids to the beauty, complexion creams and lotions; but the particular favorite of the ladies was a cucumber cream. Hair dyes and lotions guaranteed to grow hair existed even then, and formed a part of the stock.

OTHER ITEMS

An important business was done in love powders, aphrodisiacs mostly, composed of cantharides, bought with the idea of exciting amorous passion; and also powders for the quenching of such desires.

There was even a candy department; cane sugar in lumps, and broken up was as much desired by the younger generation then as today. Honey, conserves which were made very stiff and then cut into small squares and combinations of sugar, honey and conserve with various flavors, comprised the candy of the time.

There was also a stationery department where sealing wax, paper, ink and pens were sold.

Liquors, spirits and cordials were handled in the pharmacy.

The laboratory, where examinations of the urine were made and diagnoses given from these examinations, formed one of the most lucrative of activities.

In a corner or under the prescription bench were the equivalents of our pharmacopeias and national formularies, the great "herbals" of the day, pharmaceutical treatises, *materia medicas*, ex-

ceedingly rare and difficult for the collector to acquire today because practically priceless.

This is a brief description of the well-kept pharmacy of three hundred years ago. You will note that, with but very minor differences, it is the pharmacy of today. I use the word "pharmacy," not drug store. Again nothing new, merely the old over again. Fundamentals do not change.

450 Sutter Street.

CLINICAL NOTES AND CASE REPORTS

DIATHERMIC TONSILLECTOMY BY ELECTROCOAGULATION

By R. C. McLAUGHLIN, M.D.
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A CONSIDERABLE number of people presenting themselves for tonsillectomy have been curious as to the method of electrocoagulation, to the end that a few physicians have adopted it as another means of satisfying the demands of the public, principally because of its conservatism. Perhaps the majority of otolaryngologists have not favored this procedure; a few are quite enthusiastic, however, and feel very well satisfied with their results.

The method is attractive to the lay mind since it spells to it, at least, no loss of time from work, involves less pain, and to their minds it is not included in the category of a surgical operation. The complex of fear usually accompanying a surgical operation is not so great in the method of electrocoagulation. Furthermore, the attractions of this method are frequently noticeable in newspaper columns.

Following an experience with some fifty-five cases, certain conclusions regarding both its advantages and disadvantages may be stated briefly as follows:

ADVANTAGES

1. Tonsillar remnants may be removed with as little trauma or inconvenience as possible.
2. Patients who require tonsillectomy, and who are partially or wholly disabled with such diseases as tuberculosis of the lungs or glands (*scrofula*), cardiac lesions, hemophilla, etc., make suitable subjects.
3. In certain individual cases where the tonsils, acting as a foci of infection producing pathology in other parts of the body, may be treated and sterilized effectively by electrocoagulation without their complete removal.
4. Hemorrhage is less frequent by this method.
5. Perhaps some economic advantages.

DISADVANTAGES

1. For their complete removal tonsils require frequent treatments at intervals of seven to ten days and lasting over a period of six to eight weeks. It has been my experience that some patients become impatient of this lengthy treatment, despite their initial enthusiasm, and require con-

siderable persuasion to complete their treatments, if ever they are completed.

2. Sore throat follows each diathermic application in varying degrees, as well as some toxic absorption. This produces more or less fatigue of the patient and makes it difficult for him to carry on his work. In a few cases the soft palate and uvula become quite swollen, and this swelling lasts about two days, usually a shorter time than the same condition following a surgical tonsillectomy.

3. Complete removal of the tonsils by this method is not always accomplished, because definite knowledge of removal of the capsule cannot be certain, as in the surgical tonsillectomy. Portions of tonsillar tissue may remain, and may become embedded and concealed by scar tissue.

4. In my experience scar tissue formation is much more common following the diathermic method than the surgical method. It is difficult to determine, at or near the final treatment, whether one is coagulating lymphoid or muscular tissue.

In conclusion, I believe this method of tonsil removal is efficacious where surgery by enucleation is contra-indicated. It was used in cases of arthritis, iritis, latent or arrested pulmonary tuberculosis, cardiac diseases, infected tonsillar remnants, and in the elderly.

1200 South Alvarado Street.

CONGENITAL ABSENCE OF THE RIGHT KIDNEY*

REPORT OF TWO CASES—ONE WITH TRANSPOSITION OF THE SPLEEN AND SUBACUTE GLOMERULAR NEPHRITIS

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AND

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CONGENITAL absence of one kidney is rarely found at necropsy, and we have not found any note of a case of absence of one kidney with a transposition of the spleen. Smith¹ reports a case of congenital absence of one kidney, with associated urethrorectal fistula and concomitant measles; he states that this makes the second case reported of a congenital absence of one kidney associated with a terminal nephritis due to an infection.

REPORT OF CASES

CASE 1.—I. K., white male, aged one month, entered the hospital with the symptoms of a gastro-enteritis. Repeated urine examinations showed the presence of albumin and much pus. The child died one week after admission.

At autopsy the left kidney was found to be normal in size and shape. The pelvis of the kidney contained a small amount of purulent urine. The right kidney was absent; the right ureter was present, extending from the ureteral opening in the bladder to the retroperitoneal fascia in the upper lumbar region; there was a minute lumen present in the lower half of the ureter. No other congenital abnormalities were found.

CASE 2.—A. D., white male, aged eleven years; entered the hospital with the complaints of puffiness about both eyes and over the bridge of the nose, swelling of the lower extremities, and nocturia. There was

a history of scarlet fever six months previously, and a severe upper respiratory infection one week prior to admission.

On physical examination, there was noted puffiness of the eyelids, pitting edema of the lower extremities, and free fluid in the abdomen.

The blood picture on admission was as follows: hemoglobin, 65 per cent; red blood cells, 3,280,000; white blood cells, 9,200, with 70 per cent polymorphonuclear cells. Ten days later the hemoglobin was 45 per cent, and the red count was 2,840,000. During the ten weeks' course in the hospital before exitus, urine examinations showed specific gravities varying from 1.011 to 1.018; the constant presence of albumin (heavy trace) and hyalin and granular casts; occasionally, granular and cellular casts and a few red blood cells. Several examinations showed "many leukocytes." Urine cultures gave a growth of *Staphylococcus aureus*. Two months before death the blood N. P. N. was 45 milligrams per 100 cubic centimeters, and the creatinin was 1.8 milligrams. The phenolsulphonphthalein excretion was 5 per cent in the first hour, and 10 per cent in the second hour. The patient ran an irregular temperature curve varying from normal to 102 degrees Fahrenheit, a pulse of 100 to 130, and a respiratory rate of 20 to 30 per minute.

Necropsy Report.—The body is that of a well developed, poorly nourished white male; estimated age about eleven years. Inspection shows puffiness of the face, edema about ankles and over tibial crests, a pale, pasty appearance of skin, and marked distention of the abdomen.

The parietal peritoneum is smooth and glistening. The peritoneal cavity contains one liter of free, straw-colored fluid. The border of the right lobe of the liver is in the midclavicular line, and is two finger breadths beneath the costal margin. On section the liver presents a mottled yellowish-brown color. The gallbladder is negative. The spleen is located on the right side, adjacent to the spine. The blood vessels of the spleen are normal, except for transposition. The spleen weighs 75 grams. It is grossly normal in appearance except for fetal lobulations. The gastrointestinal tract is negative except for moderate injection of the serosa of the intestines. The pancreas is negative. The left kidney weighs 175 grams. The surface is a pale gray color, mottled with red. The capsule strips readily. The cut surface of the parenchyma is of a grayish-white color. The anatomical markings of the parenchyma are indistinct. The cortex measures 18 to 20 millimeters in thickness. The left ureter is normal. The right kidney is absent, and no vestige of a ureter is found even at the bladder. The bladder is normal except for the absence of one ureteral opening.

Both pleural cavities contain about 100 cubic centimeters of clear, pale yellow fluid. Both lungs show considerable congestion and areas of bronchopneumonia. The pericardial sac contains 100 cubic centimeters of clear, yellowish fluid. The heart is negative.

Anatomical diagnosis:

1. Subacute glomerular nephritis.
2. Generalized ascites (hydroperitoneum, 1,000 cubic centimeters; hydrothorax, bilateral—100 cubic centimeters each, hydropericardium—100 cubic centimeters).
3. Passive congestion of lungs and early bronchopneumonia.
4. Congenital absence of right kidney.
5. Situs inversus of spleen.

COMMENT

Two cases are reported of congenital absence of the right kidney, one with transposition of the spleen and a postsclerotic glomerular nephritis.

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REFERENCE

1. Smith, Laurence W.: Congenital Absence of One Kidney with Associated Urethrorectal Fistula and Concomitant Measles, *Am. J. Dis. Child.*, 42:1417, 1931.

* From the General Hospital of Fresno County, Fresno.